REPORT - HIPAA 835 to SSPS mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim Payment/Advice							
	ST	**Transaction Set Header**		R				BALANCING:(sum of all CLP04-claim payments) minus (sum of PLB prov adj) must equal BPR02-payment amount	HIPAA Required
	ST 01	Transaction Set Identifier Code	ID3	R				Hard code "835"	Translation
	ST 02	Transaction Set Control Number	AN9	R				generate from 1 increment by 1 for each TS in a func. Group	Translation
	BPR	**Financial Information**		R				Use BPR05+ only if doing EFT	Translation
	BPR01	Transaction Handling Code	ID2	R				Hard code "P" = pre-notify to test; else "I"	Translation
	BPR02	Total Actual Provider Payment Amount	R18	R	SSPS-RemittanceAdvice	IN-PAY-AMOUNT	S9(09) V99		
	BPR03	Credit or Debit Flag Code	ID1	R				Hard code "C"	Translation
	BPR04	Payment Method Code	ID3	R				new field to flag: "ACH" or "CHK"	Translation
	BPR05	Payment Format Code	ID10	S				ACH format: CCP or CTX?	System Questions
	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	ID2	S				Hard code "01"	Translation
	BPR07	Sender DFI Identifier	AN12	S				payor's Bank's ID	Translation
	BPR08	Account Number Qualifier	ID3	S				if BPR04=ACH: "DA"	Translation
	BPR09	Sender Bank Account Number	AN35	S				payor's bank acct #	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
	BPR10	Payer Identifier	AN10	S				"1"+payor's Fed.Tax ID	Translation
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	ID2	S				Hard code "01"	Translation
	BPR13	Receiver or Provider Bank ID Number	AN12	S				new field currently only in OFM system	System Questions
	BPR14	Account Number Qualifier	ID3	S				Hard code "SG"	Translation
	BPR15	Receiver or Provider Account Number	AN35	S				new field currently only in OFM system	System Questions
	TRN	**Reassociation Trace Number**		**R**					
	TRN01	Trace Type Code	ID2	R				Hard code "1"	Translation
	TRN03	Payer Identifier	AN10	R				Hard code "1"+payor's Fed.Tax ID	Translation
	CUR	**Foreign Currency Information**		**S**					
	REF	**Receiver Identification**		**S**					
	REF	**Version Identification**		**S**					
	REF01	Reference Identification Qualifier	ID3	R				Hard code "F2"	Translation
	REF02	Version Identification Code	AN30	R				SSPS version number	Translation
	DTM	**Production Date**		**S**					
1000A	*N 1*	*Payer Identification*		*R*					
1000A	**N 1**	**Payer Identification**		**R**					
1000A	N 101	Entity Identifier Code	ID3	R				Hard code "PR"	Translation
1000A	N 102	Payer Name	AN60	S				Hard code "Washington State DSHS"	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	N 103	Identification Code Qualifier	ID2	S				Store from 837 loop 2010AB NM108	Match Back
1000A	N 104	Payer Identifier	AN80	S				Store from 837 loop 2010AB NM109	Match Back
1000A	**N 3**	**Payer Address**		**R**					
1000A	**N 4**	**Payer City, State, ZIP Code**		**R**					
1000A	**REF**	**Additional Payer Identification**		**S**					
1000A	**PER**	**Payer Contact Information**		**S**					
1000A	PER01	Contact Function Code	ID2	R				Hard code "CX"	Translation
1000B	*N 1*	*Payee Identification*		*R*					
1000B	**N 1**	**Payee Identification**		**R**					
1000B	N 101	Entity Identifier Code	ID3	R				Hard code "PE"	Translation
1000B	N 102	Payee Name	AN60	S	SSPS-RemittanceAdvice	IN-PAYEE-NAME	X(25)		
1000B	N 103	Identification Code Qualifier	ID2	R				Send "FI" with Fed Tax ID; send "XX" with NPI; but this is NEITHER!	HIPAA Required
1000B	N 104	Payee Identification Code	AN80	R	SSPS-RemittanceAdvice	IN-PAYEE-NUMBER	X(06)	translator must store from 837 loop 2010AA (bill) or 2010AB (pay-to) NM109 and send back here	Match Back
1000B	**N 3**	**Payee Address**		**S**					
1000B	N 301	Payee Address Line	AN55	R	SSPS-RemittanceAdvice	IN-PAYEE-ADDR-LINE-1	X(25)		
1000B	N 302	Payee Address Line	AN55	S	SSPS-RemittanceAdvice	IN-PAYEE-ADDR-LINE-2	X(25)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000B	N 4	Payee City, State, ZIP Code		S					
1000B	N 401	Payee City Name	AN30	R	SSPS-RemittanceAdvice	IN-PAYEE-CITY	X(20)		
1000B	N 402	Payee State Code	ID2	R	SSPS-RemittanceAdvice	IN-PAYEE-STATE	X(02)		
1000B	N 403	Payee Postal Zone or ZIP Code	ID15	R	SSPS-RemittanceAdvice	IN-PAYEE-ZIP-CODE	X(09)		
1000B	REF	Payee Additional Identification		S					
2000	*LX*	*Header Number*		*S*					
2000	LX	Header Number		S					
2000	LX 01	Assigned Number	N06	R				compute a number start 1 by 1 for each claim payment	Translation
2000	TS3	Provider Summary Information		S					
2000	TS2	Provider Supplemental Summary Information		S					
2100	*CLP*	*Claim Payment Information*		*R*				BALANCING: CLP03-claim charge minus (sum of all CAS service line adjustments) must equal CLP04-claim payment	HIPAA Required
2100	CLP	Claim Payment Information		R					
2100	CLP01	Patient Control Number	AN38	R				INVOICE NUMBER: key field for SSPS	Translation
2100	CLP02	Claim Status Code	ID2	R				Hard code "1"	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100	CLP03	Total Claim Charge Amount	R18	R				sum of line item amts (stored from 837 SV02)	Translation
2100	CLP04	Claim Payment Amount	R18	R	SSPS-RemittanceAdvice	IN-PAY-AMOUNT	S9(09) V99		
2100	CLP06	Claim Filing Indicator Code	ID2	R				Hard code "MC"	Translation
2100	CLP07	Payer Claim Control Number	AN30	S	SSPS-RemittanceAdvice	IN-AUTH-BASIC	X(07)		
2100	CLP08	Facility Type Code	AN2	S				store original from 837 CLM05-1 & send back	Match Back
2100	**CAS**	**Claim Adjustment**		**S**					
2100	CAS02	Adjustment Reason Code	ID5	R				Hard code "CR" = correction	Translation
2100	CAS03	Adjustment Amount	R18	R				the amount that was incorrectly billed	Translation
2100	CAS04	Adjustment Quantity	R15	S				the units that were incorrectly billed	Translation
2100	**NM1**	**Patient Name**		**R**					
2100	NM101	Entity Identifier Code	ID3	R				Hard code "QC"	Translation
2100	NM102	Entity Type Qualifier	ID1	R				Hard code "1"	Translation
2100	NM103	Patient Last Name	AN35	R	SSPS-RemittanceAdvice	IN-SVC-RECIP-NAME	X(25)		
2100	NM104	Patient First Name	AN25	R	SSPS-RemittanceAdvice	IN-SVC-RECIP-NAME	X(25)		
2100	NM105	Patient Middle Name	AN25	S	SSPS-RemittanceAdvice	IN-SVC-RECIP-NAME	X(25)		
2100	NM108	Identification Code Qualifier	ID2	S				Hard code "34"	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100	NM109	Patient Identifier	AN80	S	SSPS-RemittanceAdvice	IN-PRIMARY-RECIP-SSN	X(09)		
2100	**NM1**	**Insured Name**		**S**					
2100	**NM1**	**Corrected Patient/Insured Name**		**S**					
2100	**NM1**	**Service Provider Name**		**S**					
2100	**NM1**	**Crossover Carrier Name**		**S**					
2100	**NM1**	**Corrected Priority Payer Name**		**S**					
2100	**MIA**	**Inpatient Adjudication Information**		**S**					
2100	**MOA**	**Outpatient Adjudication Information**		**S**					
2100	**REF**	**Other Claim Related Identification**		**S**					
2100	**REF**	**Rendering Provider Identification**		**S**					
2100	**DTM**	**Claim Date**		**S**					
2100	DTM01	Date Time Qualifier	ID3	R				Hard code "050" or "232" or "233"	Translation
2100	DTM02	Claim Date	DT8	R	SSPS-RemittanceAdvice	IN-SVC-BEGIN-DATE	X(08)		
2100	DTM02	Claim Date	DT8	R	SSPS-RemittanceAdvice	IN-SVC-END-DATE	X(08)		
2100	DTM02	Claim Date	DT8	R	SSPS-RemittanceAdvice	IN-SYSTEM-DATE	X(08)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2100	PER	Claim Contact Information		S					
2100	AMT	Claim Supplemental Information		S					
2100	QTY	Claim Supplemental Information Quantity		S					
2110	*SVC*	*Service Payment Information*		*S*				BALANCING: CLP03-claim charge minus (sum of all CAS service line adjustments) must equal CLP04-claim payment	HIPAA Required
2110	SVC	Service Payment Information		S					
2110	SVC01	Product or Service ID Qualifier	ID2	R				Hard code "HC"	Translation
2110	SVC01	Procedure Code	AN48	R				need to map standard codes	Map Codes
2110	SVC02	Line Item Charge Amount	R18	R	SSPS-RemittanceAdvice	IN-CHARGES	S9(09)V99		
2110	SVC05	Units of Service Paid Count	R15	S				store from 837 loop SV104	Match Back
2110	SVC07	Original Units of Service Count	R15	S				store from 837 loop SV104	Match Back
2110	DTM	Service Date		S					
2110	CAS	Service Adjustment		S					
2110	CAS02	Adjustment Reason Code	ID5	R				Hard code "CO" = contractual obligation	Translation
2110	CAS03	Adjustment Amount	R18	R				(stored 837 SV102) minus (authorized amt per service)	Translation
2110	REF	Service Identification		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2110	REF01	Reference Identification Qualifier	ID3	R				Hard code "6R"	Translation
2110	REF02	Provider Identifier	AN30	R				store from 837 loop 2400 REF01=6R/REF02 (or LX01)	Match Back
2110	**REF**	**Rendering Provider Information**		**S**					
2110	**AMT**	**Service Supplemental Amount**		**S**					
2110	**QTY**	**Service Supplemental Quantity**		**S**					
2110	**LQ**	**Health Care Remark Codes**		**S**					
2110	**PLB**	**Provider Adjustment**		**S**				if adj > charges, on current 835, PLB04 = neg. adj to bring the payment up to zero, PLB03-1 = "FB" forwarding balance; PLB03-2 = TRN02 if adj > charges, on future 835, PLB04 = pos. adj to lower payment, PLB03-1 = "FB" forwarding balance; PLB03-2 = prev PLB03-2	HIPAA Required
2110	PLB01	Provider Identifier	AN30	R	SSPS-RemittanceAdvice	IN-PAYEE-NUMBER	X(06)	This payee number isn't necessarily a HEALTHCARE provider.	Translation
2110	PLB02	Fiscal Period Date	DT8	R				Hard code Dec.31 of current year as CCYYMMDD	Translation
2110	PLB03	Adjustment Reason Code	ID2	R				Hard code "FB" = balance forward	Translation
2110	PLB03	Provider Adjustment Identifier	AN30	S				generate & store unique ID for this balance forward	Translation
2110	PLB04	Provider Adjustment Amount	R18	R				balance forward amount	Translation
2110	**SE**	**Transaction Set Trailer**		**R**					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)